

# National Indigenous Reform Agreement: PI 03-Rates of current daily smokers, 2014 QS

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## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>Synonymous names:</b>	Data quality statement — Indicator 3 Rates of current daily smokers
<b>METEOR identifier:</b>	567154
<b>Registration status:</b>	<a href="#">Indigenous</a> , Superseded 17/02/2016

## Data quality

**Institutional environment:** These surveys were collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment (ABS website).

**Timeliness:** The AATSIHS is conducted approximately every six years over a 12-month period. Results from the 2012-13 NATSIHS component of the AATSIHS were released in November 2013.

The AHS is conducted every three years over a 12-month period. Results for the 2011-12 full sample (Core) component of the AHS were released in June 2013.

**Accessibility:** See Australian Aboriginal and Torres Strait Islander Health Survey: First Results (cat. no. 4727.0.55.001) for an overview of results from the NATSIHS component of the AATSIHS. See Australian Health Survey: Updated Results (cat. no. 4364.0.55.003) for an overview of results from the Core component of the AHS. Other information from this survey may also be available on request.

**Interpretability:** Information to aid interpretation of the data is available from the Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide and Australian Health Survey: Users' Guide on the ABS website.

Many health-related issues are closely associated with age, therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and Indigenous and non-Indigenous populations. Age-standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

**Relevance:** The NATSIHS and AHS collected self-reported information on smoker status from persons aged 15 years and over. This refers to the smoking of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excluding chewing tobacco and smoking of non-tobacco products. The 'current daily smoker' category includes respondents who reported at the time of interview that they regularly smoked one or more cigarettes, cigars or pipes per day.

**Accuracy:** The AATSIHS was conducted in all states and territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The final response rate for the 2012-13 NATSIHS component was 80.2%. Results are weighted to account for non-response.

The AHS was conducted in all states and territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually residing in very remote areas has only a minor effect on estimates for individual states and territories, except for the Northern Territory where such persons make up approximately 23% of the population. The response rate for the 2011-12 Core component was 81.6%. Results are weighted to account for non-response.

As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25% and 50% should be used with caution. Estimates with RSEs greater than 50% are generally considered too unreliable for general use.

For the non-Indigenous population, data for Northern Territory for 2007-08 should be used with caution due to large RSEs resulting from the small sample size for NT in 2007-08.

For the non-Indigenous population, RSEs for adult smoking rates for remote areas are mostly greater than 25% and should either be used with caution or are considered too unreliable for general use.

**Coherence:** The methods used to construct the indicator are consistent and comparable with other collections and with international practice. The AATSIHS and AHS collected a range of other health-related information that can be analysed in conjunction with smoker status.

Other non-ABS collections, such as the National Drug Strategy Household Survey (NDSHS), report estimates of smoker status. Results from the recent NDSHS in 2010 show slightly lower estimates for current daily smoking than in the 2011-13 AHS. These differences may be due to the greater potential for non-response bias in the NDSHS and the differences in collection methodology.

## Source and reference attributes

**Submitting organisation:** Australian Bureau of Statistics

**Reference documents:** Numerator and denominator —

Indigenous:

For the 2014 reporting cycle, the numerator and denominator for the Aboriginal and Torres Strait Islander population use data from the ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) component of the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) from approximately 9,300 people, which is weighted to benchmarks for the Aboriginal and Torres Strait Islander estimated resident population at 30 June 2011.

For the 2015 reporting cycle, the numerator and denominator will use data from the full sample (or Core) component of the AATSIHS of approximately 13,000 people.

For more information on the structure of the AATSIHS, see Structure of the Australian Aboriginal and Torres Strait Islander Health Survey. For information on scope and coverage, see the Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide (cat. no. 4727.0.55.002).

Data from the ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS) are also used, on an alternating three-yearly cycle.

Non-Indigenous:

The numerator and denominator for the non-Indigenous population use data from the full sample (or Core) component of the general population component of the ABS Australian Health Survey (AHS) from approximately 32,000 people, which is weighted to benchmarks for the total AHS in-scope estimated resident population at 31 October 2011.

For earlier reporting cycles, data are from the ABS 2004-05 National Health Survey (NHS).

For more information on the structure of the AHS, see Structure of the Australian Health Survey. For information on scope and coverage, see the Australian Health Survey: Users' Guide (cat. no. 4363.0.55.001).

## Relational attributes

**Related metadata references:**

Supersedes [National Indigenous Reform Agreement: P04-Rates of current daily smokers, 2010 QS](#)

[Community Services \(retired\)](#), Superseded 04/04/2011

Has been superseded by [National Indigenous Reform Agreement: PI 03-Rates of current daily smokers, 2015-16; Quality Statement](#)

[Indigenous](#), Superseded 07/02/2018

**Indicators linked to this Data Quality statement:**

[National Indigenous Reform Agreement: PI 03-Rates of current daily smokers, 2014](#)

[Indigenous](#), Superseded 24/11/2014